FAIRFAX COUNTY SUPPLEMENTAL RETIREMENT SYSTEM AUTHORIZED PAYROLL DEDUCTIONS (SCHOOLS)

I hereby acknowledge receipt of the New Retiree's Handbook and I am aware of the provisions explained therein. I also request the following deductions on my monthly retirement benefit:

(Note: only Virginia State Tax may be withheld; State Tax from other states must be paid by retiree)

G Federal Tax (please attach form W4P)*

G Virginia State Tax (please attach Form VA4P)*

G Health Ins	surance	(attach necessary enrollment form)**
G He	althCho	pice
G Op	timum	Choice
G Ka	iser-Pe	rmanente
	G	Standard Plan
	G	KAISER II
	G	Senior Advantage
G NY	YLCare	
I ca eff	annot re ective .	rish to continue health insurance coverage upon retirement. I understand that eapply for coverage until open season (mid-April to mid-May with coverage July 1). I understand that waiting periods for certain conditions may apply thChoice.
G Dental Ins	surance ³	**
G	Denta	al Benefit Providers
G	Domi	nion Dental
I ca	annot re	rish to continue dental insurance coverage upon retirement. I understand that eapply for coverage until open season (mid-April to mid-May with coverage fuly 1). I understand that waiting periods for certain conditions may apply.
G County G	roup Li	fe Insurance**
G	With	dependent coverage
G	Witho	out dependent coverage
		vish to continue life insurance coverage upon retirement. I understand that eapply for coverage at a later date.
G Credit Un	ion \$_	(monthly amount)
	ete the I	ice is unable to take deductions other than those listed above. Direct Deposit Authorization Agreement. Direct deposit will not take effect
I understand	this ele	ction revokes and replaces any previous election.
Signature		Date
* Service-Conne	ected Dis	ability retirees do not have taxes withheld from their retirement benefit checks. sees may not use this form to apply for health, life or dental insurance. Rev. January 13, 1999